

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 MAR 13 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001330

1. Entity Name

The Quarterback Club, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

72 Horseshoe Rd

3. Mailing Address

P.O. Box 6605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Monticello, FL

City & State

Tallahassee, FL

4. FEI Number

59-3629491

Applied For

Not Applicable

Zip

32344

Country

U.S.

Zip

32314

Country

US

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Sonya Murray

Street Address (P.O. Box Number is Not Acceptable)

72 Horseshoe Rd

City

Monticello

FL

Zip Code

32344

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Sonya Murray

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/02

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / D Sonya Murray 72 Horseshoe Rd Monticello, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D James McRoy 72 Horseshoe Rd Monticello, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005099113--9 -03/13/02--01016--004 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Kelvin Rosier 72 Horseshoe Rd Monticello, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Chonda Flanigan 72 Horseshoe Rd Monticello, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonya Murray

3/12/02

850-922-4444

CR2E037B (12/01)